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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/684,884
		Filing Date	Oct 13, 2003
		First Named Inventor	Bash
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	10005103-3

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request to Correct Attorney Docket Number; Disclosure of Pending Application
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John Grieggi, Reg. No. 39,694
Signature	
Date	Dec. 12, 2003

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature	
Date	Dec. 12, 2003

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Application No. : 10/684,884 Confirmation No.  
Applicant : BASH et al.  
Filed : October 13, 2003  
Art Unit :  
Examiner :  
  
Docket No. : 10005103-3  
Customer No. : 22879  
Date: December 12, 2003  
  
Mail Stop:  
Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST TO CORRECT ATTORNEY DOCKET NUMBER**

20 Dear Sir:

In the above-referenced patent application, please correct the Attorney Docket Number as shown below, and amend your records accordingly.

25 Correct Attorney Docket No.: 10005103-3

Incorrect Attorney Docket No.: HPC 1004-02US

Respectfully submitted,

30 Bash et al.

35 By:

  
John A. Griecci  
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For: The Law Office of John A. Griecci

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